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ETHICS AS APPLIED TO NURSING

By SARA E. PARSONS, R.N.

Boston, Mass.

All things, therefore, whatsoever ye would that men should do unto you, even so, do ye also unto them.

You will remember in your *History of Nursing* that Dr. John S. Billings of New York was consulted about a code of ethics for nurses and that he said, "Be good women, but don't have a code of ethics," and nurses never have formulated a code of ethics, but an understanding of what is meant by ethical conduct is very essential. Dr. Richard Cabot's definition of ethics is "doing what you ought to do" and a very good definition it is too. It is not easy, however, to know always what one ought to do, especially while one is young in experience.

Our duties to our patients, the doctors and to our own consciences often conflict. When we begin to consider differing points of view, we are bewildered and many a young nurse has exclaimed, "Oh, why wasn't I told what I ought to do in these situations?" It is easy enough to lay down dogmatic lines of conduct, but we find that if we follow them the results are often not satisfactory. It is impossible for anyone to tell us just what we must do in any given situation, there are so many circumstances to be taken into consideration. The Golden Rule will help us out of our difficulties more often than anything else.

In considering conduct there are certain faults that seem to be character defects and once attached to a nurse, disqualify her for work of nursing. Stealing and lying certainly come under this category. An uncontrolled temper and gross immorality of any kind preclude nursing as a suitable occupation. The nurse comes into too close contact with people and her professional relations with them are too intimate and responsible to permit of experimentation with characters that are not reliable. The faults for which nurses in training are most often criticised are usually due to lack of home training or to thoughtlessness.

Student nurses are (like other young women) often inconsiderate of others and show it by not picking up after themselves, by leaving dirty bath tubs, borrowing without permission, etc. Thoughtlessness and selfishness show themselves in the nurses' homes and on the wards in much the same way.

Although they enter training schools voluntarily, after a period of

probation, knowing the rules and what is expected of them, many are very careless in the observance of some of the rules, such as the retiring hour, eating on the wards, coming on and going off duty punctually, etc. Approximate accuracy satisfies the standard of many and it is surprising to one who has been brought up to regard truth as an exact statement of fact, to find how many seem to be able with a clear conscience to evade precise accuracy in the record of temperatures, baths given, medicines administered, etc.

There is too often a feeling that it is quite permissible to deceive and that the sin is in being caught. What constitutes real loyalty is often not fully understood. Most pupils cannot justly estimate their obligations to the hospital, the officers of the school, the physicians, their fellow students and the patients, in their relations one with another. It is far too common to find after some nurse is detected in some flagrant offense and has been "caught" in wrong-doing by some officer, that the nurses in general have been discussing among themselves the conduct of the offender. It may and does happen that nurses are sometimes graduated and have left the hospital before the officers of the school will hear what has been the subject of common gossip for months. It is then too late to protect the reputation of the school.

Then there are some students who will confide to the internes when they have been corrected or disciplined for any fault, even though they really know such correction was merited. It is not that they dislike their head nurses or their superintendents, necessarily, but the sympathy of the doctors is soothing and they probably do not realize that they are planting seeds of dislike in the minds of the doctors against the training school officers, which lead to misunderstanding and distrust oftentimes that is quite unmerited and unreasonable.

That the student does not intend to be disloyal is quite true, but all who have had experience in large hospitals, where the internes come in close association with the students and head nurses, but see little of the other officials, know that there is usually a good deal of active antagonism on the part of the internes towards the administration. It is not that the young men prefer to be unjust and antagonistic, for often I know their intentions are quite the reverse, but they have no opportunity to get any point of view other than that which is conveyed to them by a superficial observation of the relations between student nurses and training school officers and what they are told by the students.

The most common criticisms of graduate nurses are indiscretion of speech, extravagance in use of materials, carelessness in use of property, lack of judgment concerning social and business affairs.

It sometimes seems unjust that these faults are often remembered and spoken of when the nurse has been skillful, kind and unselfish in the care of her patient, but the small (comparatively) faults often do obscure the greater virtues. The virtues are taken for granted and, to quote Dr. Cabot again, "We may be grateful that people do expect so much of us."

Many nurses in private practice find it hard to adjust themselves in the family. They are not of the family, they do not belong to the domestic staff and they need badly to know where they do belong, because the family is usually sadly at sea and the nurse who expects to be invited to eat with the family, is as bad as the one who consents to be classed with the servants.

Some nurses do not know whether or not to concern themselves with the morals of the patient and family if she finds herself with people whose moral standards do not conform to her own. The hardest situation of all is probably when the nurse finds herself subject to the orders of a doctor whom she cannot respect and, in some instances, where she knows the patient is actually a victim of the doctor's incompetence. If the nurse herself is efficient and conscientious, this is indeed a most trying situation, requiring wisdom, tact and courage.

The nurse who finds herself in a family where she is the innocent victim of a jealous wife's suspicions, or the object of an unscrupulous husband's attention, is also in a position that calls for discretion and wisdom, that a young, inexperienced nurse may not possess.

The private nurse has probably more difficult ethical problems to solve than her institution sister or the nurse in any other line of nursing work, but the other nurses are not without their perplexities.

She who finds herself, after graduation, in an environment that is entirely different from the school where she was trained, is often shocked at the conditions, which may seem to her very inferior to what she is accustomed to, and if she can keep a level head and look well about her before she commits any indiscretion in word or act, she is fortunate. The tendency is to jump at conclusions, to judge and criticise hastily and to attempt revolutionary changes before the psychological moment has arrived when it is wise to do so. She is liable to make unwise confidences and a bad selection of friends at the beginning. Most dangerous of all for the nurse is to have favorites or confidants among the doctors and this in small hospitals is often hard to avoid.

The most impressive fact about nurses' misdemeanors is the triviality of the common offenses and that the things for which they are criticised would be entirely overlooked in any other occupation. It is greatly to the credit of nurses as a class that the trained nurse so seldom figures

in any serious scandal. Confronted with the ordinary deviations from a perfect line of conduct, it is worth while to seriously consider all possible methods whereby we may hope to bring ourselves up to a higher level.

When we realize that in one family children of the same parents may differ so much in their temperaments and habits as to make it seem incredible that they have all enjoyed the same inheritance and have been nurtured in the same environment, how can we hope to make our nurses who come from all walks of life, are of all nationalities and of all religions, conform even approximately to the model that time and custom have held up to us as the ideal nurse? Future papers will deal with this problem in some of its phases.

HOW CAN GREATER COÖPERATION BE GAINED AMONG THE NURSING STAFF

By ELIZABETH M. FULLER, R.N.

Cleveland, O.

Hand in hand with the rapid advancement in medical science during the last few years, has come the increased and incessant demand upon the nursing staff for prompt and intelligent coöperation. With a uniformity of nursing methods the head-nurse of the ward can by aptly applying herself, prove of great value to the hospital and the training school by evincing a keen interest in the detail work of the pupils. If an occasion arises whereby a head nurse can cite or show a ward case whose malady, treatment or medication follows appropriately with lectures or instructions being received by pupils assigned to her ward, just so much greater is their understanding on that particular point in their course and one more step is gained towards coöperation and the oneness of purpose in the entire system. The head nurse by inspiring her nurses with a thirst for practical knowledge, by enforcing the ethical principles and by creating an atmosphere of obedience, punctuality, thoroughness, and by a hearty coöperation in all that pertains to the ward or the hospital in general, can be of inestimable value as a factor toward better coöperation.